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1997 OCT -9 PM 2:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071188

1. Corporation Name

INTERNATIONAL LAPIS-FABERGE CO.

Principal Place of Business

WAREHOUSE 165
5221 OKEECHOBEE
FORT PIERCE, FL
34947

Mailing Address

231 BERMUDA BEACH DR.
FORT PIERCE, FL
34949

2. Principal Place of Business

21 Warehouse 165
Suite, Apt #, etc.
22 5221 Okeechobee Road
City & State
23 Fort Pierce, Florida
Zip 24 34947 Country 25 U.S.A.

2a. Mailing Address

26 231 Bermuda Beach Dr.
Suite, Apt. #, etc.
27
City & State
28 Fort Pierce, Florida
Zip 29 34949 Country 30 U.S.A.

3. Date Incorporated or Qualified: August 27,1996
3a. Date of Last Report: August 27,1996
4. FEI Number: 98-0175430 ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LINDA M. GRANATA
12700 Biscayne Blvd. Suite 401
North Miami, Florida 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable — [signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	☐ DELETE
NAME	Anne-Laure Desmet	
STREET ADDRESS	231 Bermuda Beach Drive	
CITY-ST-ZIP	~~Fort Pierce, FL 34949~~	
TITLE	Director	☐ DELETE
NAME	Granna-Gino Rose	
STREET ADDRESS	231 Bermuda Beach Drive	
CITY-ST-ZIP	Fort Pierce, FL 34949	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	700002319847--9	
1.3 STREET ADDRESS	-10/14/97--01040--002	
1.4 CITY-ST-ZIP	****558.75 ****558.75	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] -Anne-Laure Desmet 10/6/97 561-467-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #